

06-18-04

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
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or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence, including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

30623 7590 03/18/2004

MINTZ, LEVIN, COHN, FERRIS, GLOVSKY  
 AND POPEO, P.C.  
 ONE FINANCIAL CENTER  
 BOSTON, MA 02111

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/872,968	06/01/2001	Jack R. Wands	21486-047	3051

TITLE OF INVENTION: INHIBITION OF NEURODEGENERATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	06/18/2004
EXAMINER	ART UNIT	CLASS-SUBCLASS			
CROUCH, DEBORAH	1632	800-012000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Ingrid A. Beattie, Ph.D., J.D.  
 2 Mintz, Levin, Cohn, Ferris, Glovsky and Popeo, P.C.  
 3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Rhode Island Hospital

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Providence, RI

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies 10 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

IA Beattie

6/17/04

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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06/22/2004 RHEBRAH1 00000122 09872968

01 FC:2501	665.00	DP
02 FC:1504	300.00	DP
03 FC:8001	30.00	DP



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Jack R. Wands et al.

SERIAL NUMBER: 09/872,968

EXAMINER: Crouch, Deborah.

FILING DATE: June 1, 2001

ART UNIT: 1632

FOR: INHIBITION OF NEURODEGENERATION

**MAIL STOP: ISSUE FEE**

Commissioner of Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

**TRANSMITTAL LETTER**

Sir:

Transmitted herewith for filing in the present application are the following documents:

- Response to Notice of Allowance and Issue Fee Due (1 pgs.);
- PTOL-85, Part B - Fee(s) Transmittal Form (1 pg., in duplicate);
- Check # 18826 in the amount of \$965.00;
- Check # 18827 in the amount of \$30.00 for 10 copies of patent; and
- Return Postcard.

If the enclosed papers are considered incomplete, the Mail Room is respectfully requested to contact the undersigned collect at (617) 542-6000, Boston, Massachusetts. The Commissioner is authorized to credit any overpayment or charge any deficiencies to Deposit Account No. 50-0311, Reference No. 21486-047. A duplicate copy of this Transmittal Letter is enclosed.

Respectfully submitted,

Ingrid Beattie, Reg. No. 42,306

Attorney for Applicants

c/o MINTZ LEVIN COHN FERRIS  
 GLOVSKY & POPEO, PC  
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 Boston, Massachusetts 02111  
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Dated: June 17, 2004

Customer No. 30623



Express Mail Label No.: EV392156680US

Date of Deposit: June 17, 2004

Attorney Docket No: 21486-047

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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June 17, 2004  
Boston, Massachusetts

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P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO NOTICE OF ALLOWANCE AND ISSUE FEE DUE**

The present paper is filed in response to the Notice of Allowance and Issue Fee Due, dated March 18, 2004 for the present application. The required issue fee and an advanced order of ten (10) copies (\$30.00), and a copy of Form PTOL-85B are submitted herewith.

The Commissioner is hereby authorized to charge any additional fees that may be due, or to credit any overpayment, to Account 50-0311, Ref. No. 21486-047.

Respectfully submitted,

*(A Beattie)*  
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